



## Town of Los Altos Hills Parks and Recreation

# Horse Management Program

26379 Fremont Road, Los Altos Hills, CA 94022  
(650) 941-7222 ext. 241

The horse management program introduces beginners to the basic principles of horse care. All aspects of feeding and grooming are taught in the setting of the Westwind Barn.

### **REGISTRATION**

**Resident** - Begins July 16    **Non-resident** - July 23  
Mail/Walk-in or online @ [www.losaltoshills.ca.gov/recreation](http://www.losaltoshills.ca.gov/recreation)

**AGES** - 5 to 13    **FEES** - Resident: \$30.00    Non-resident: \$40.00

**LOCATION** - Westwind Barn, 27210 Altamont Road, Los Altos Hills 94022

**SESSION 5:** Sep 11, 18, 25, Oct 2      9:00-10:00 AM (rain or shine)  
**SESSION 6:** Oct 9, 16, 23, 30      9:00-10:00 AM (rain or shine)

**INFORMATION** - No special attire is required, however, for safety reasons we will require that participants come neatly dressed wearing:

- Jeans or other comfortable pants (no shorts)
- Boots or shoes with heels
- No jewelry
- Hair pulled back and out of face

### **Directions to Westwind Barn**

#### **From 280 South**

Take the Page Mill Road exit turn left towards Los Altos Hills. Follow Page Mill Road approximately 2.5 miles to Altamont Road. Turn Left onto Altamont; follow approximately ½ mile.

#### **From Foothill Expressway**

Take Edith Ave. approximately 3 blocks until you reach a stop sign. Turn left onto Fremont Road and then a quick right onto Robleda Road. Take Robleda it will dead-end at Elena Road (it will be hard to see the sign for Elena). Turn right onto Elena and go approximately 1 block until Taafe Road on the left (it is an abrupt uphill). Follow Taafe and turn right onto Altamont.

Participants First and Last Name	Birth date	Course/Activity	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	Fees \$30/40
		Horse Management	Session__	Session__	
		Horse Management	Session__	Session__	

Name \_\_\_\_\_  
Last First

Email address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Local Emergency Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

### **Release of Liability & Assumption of Risk Agreement**

In consideration of the acceptance of the application for entry into the classes or activities listed on the Registration Form, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities.

I am aware that these classes or activities subject me to physical risks and dangers, nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge, and hold harmless all of the entities or persons mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs, personal representatives, next of kin, spouse or assigns.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

#### **TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS**

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate whether you are signing as: ☐ Parent ☐ Guardian

**REFUND POLICY**- Refunds will only be given up to 7 days before the commencement of program. Within 7 days, a refund will only be granted if vacated position is filled. No refunds will be given after program has started.

Please detach and remit payment to: Town of Los Altos Hills  
Parks and Recreation  
26379 Fremont Road

Los Altos Hills, CA 94022